

2005-06 Legislative Analysis

Human Services

Human Services are not only critical for the quality of life for the citizens of the Commonwealth, but some areas are rapidly becoming amongst the most costly expenditures for state and local governments. York County staff has identified the following areas as current Human Services Legislative concerns. Based upon recent trends and experiences during previous sessions of the General Assembly, the following issues should be considered as the County prepares for the coming session:

■ Mental Health:

Behavioral Health Care must be accomplished through both a state-wide, Commonwealth operated system and an adequately funded community based system of care.

Issue: The Commonwealth should maintain, fully fund and continue to operate a Statewide Mental Health System, to include residential facilities for long-term care of adults and adolescents.

Issue: The Commonwealth should provide funding sufficient to allow Community Services Boards to adequately meet the charge of providing a community based system of care.

During recent years there has been a continuing trend toward reorganization and downsizing of the State Mental Health care system. It is important to recognize that such downsizing has both a service and financial impact on localities.

- ◆ Current patients should not be released into the community without state funding sufficient to pay for service needs.
- ◆ The state presently pays for its institutions. After closing or significantly downsizing, there will no longer be any ability to hospitalize patients in a state facility. Localities should be very concerned about where those in need of psychiatric hospitalization will go in the future and who will be responsible for payments for that care.

All adolescent units have closed with the exception of Dejarnette, which is a short-term (6 weeks) diagnostic facility. This leaves the ever-increasing numbers of very seriously disturbed children no alternatives for residential care other than expensive private placements, usually cooperatively funded by state-local governments under the Comprehensive Services Act (CSA). In addition, there is an extremely high incidence of youth with mental health disorders in secure juvenile detention centers.

Some services are best run statewide. This is particularly true of a mental health system. The facilities should be used as residential care facilities but should be operated by the Commonwealth.

■ **Mental Health, Substance Abuse and the Criminal Justice System:**

Issue: **The absence of sufficient funding for community based care; prevention programs and adequate mental health inpatient treatment facilities has had a critical impact on the criminal justice system.**

Background

The Commonwealth assigns responsibilities for mental health care and substance abuse treatment to the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and through that agency to Community Service Boards (CSBs). During recent years there has been a continuing trend toward reorganization and downsizing of the State Mental Health care system.

Community based treatment programs are few and not adequately funded. For substance abuse prevention and treatment, the General Assembly completely eliminated SABRE funding in the 2002 session. Adult inpatient treatment facilities have been drastically downsized, returning patients to the community and greatly limiting access to inpatient treatment. With the exception of a short-term diagnostic center, all adolescent units have been closed, leaving ever-increasing numbers of very seriously disturbed children with no alternatives for inpatient treatment care other than expensive private placements, if at all.

Left untreated, mental health disorders and substance abuse frequently result in behaviors that bring individuals to the attention of law enforcement agencies and the Courts. Disturbed adults and juveniles are being found in increasing numbers in corrections facilities rather than mental health facilities. Community Service Boards have no resources to assign to secure facilities for treatment. Local corrections staff are becoming mental health and substance abuse services deliverers. Local governments are increasingly funding treatment professionals within adult jails and in secure and other residential juvenile facilities.

Conclusion: By default, corrections facilities are becoming mental health treatment centers.

Recommendations:

It is the responsibility of the Commonwealth to provide for behavioral health care in an appropriate mental health system not a corrections environment. The Commonwealth

must assure the delivery of this care by operating a statewide system of inpatient treatment centers and by adequately funding a community based system of care.

- ◆ **The Commonwealth should maintain, fully fund and continue to operate a Statewide Mental Health System, to include inpatient treatment facilities for long-term care of adults and adolescents.**
- ◆ **The Commonwealth should provide funding sufficient to allow Community Services Boards to adequately meet the charge of providing a community based system of care.**

Additionally, the Commonwealth should:

1. **Expand prevention services, care and coordination of after care. DMHMRSAS should reinstate juvenile inpatient mental health and substance abuse treatment facilities.**
2. **Assure adequate access to inpatient care for the transfer of adult offenders from jails to mental health facilities.**
3. **Provide increased level of funding to Community Services Boards for community-based care.**

■ **Comprehensive Services Act (CSA)**

Since 1992, state funds to support services for serious dysfunctional children and their families have been pooled in a single revenue stream and identified as the Comprehensive Services Act (CSA). These funds have a required local government match that can reach 45%. York's match is 38.888%. CSA has resulted in an increased administrative burden for localities. It has blurred lines of responsibility and fiscal accountability at the agency level, reducing the capacity to control costs. The difficulty in predicting necessary funding levels to support mandated services has creased significantly.

The General Assembly should:

- **Maintain the distinction between mandated and non-mandated children to be served with CSA funds and keep service to non-mandated populations a local option.**
- **Recognize the high cost of residential treatment that has resulted from the closing of state run mental health facilities and the transfer of portions of the costs to local governments under the CSA.**
- **Maintain or reduce the 45% cap on local match.**

Human Services Analysis

August 12, 2005

- Recognize the intense administrative burdens on local governments that accompany the implementation of the CSA and increase the administrative reimbursement to localities.
- Remove the local match requirement for Medicaid that was imposed in 2000 in the CSA – in all other areas Medicaid is a state and federal funded program and the CSA is the only instance of required local government Medicaid match.

■ **Juvenile Justice System:**

➤ ***Restore the reductions in funding to the Virginia Juvenile Community Crime Control Act (VJCCCA) made by the 2002 General Assembly.***

The VJCCCA is the Commonwealth's funding stream for the State-Local Partnership that provides vital programs for youth before the courts and their families. The 2002 General Assembly reduced VJCCCA funding by 51%. In addition other funding for various treatment programs such as substance abuse was eliminated. This was a staggering reduction that has had a devastating effect on local juvenile justice and child welfare systems.

In addition to the reduction of services and loss of extremely capable, seasoned and experienced staff, Virginia localities have experienced “unintended consequences” which include increased costs for other services such as those funded jointly by state and local governments under the Comprehensive Services Act (CSA). Further there are current proposals by the Commonwealth to reduce capacity in state corrections and have long-term placement of juvenile offenders in local facilities. This “community corrections” initiative is beneficial in that it keeps youth close to home, but comes at a time when local facilities have been down-sized or closed due to the cuts in the state partner’s support for state and local programs. The 2002 cuts should be fully restored and indexed to 2006 dollars.

➤ ***Restore the Reductions in Juvenile Detention Funding made by the Administration and the General Assembly beginning in 2002 and fund direct mental health and substance services.***

Secure detention centers for juvenile offenders are required for public safety purposes and are operated by local governments in conjunction with the Commonwealth. The Commonwealth is obligated to provide funding for operations and distributes those funds on a per bed basis. Over the two-year period funding was reduced by 23% . These reductions have had the effect of shifting significant portions of the State’s share of operations costs to the local partner.

In addition, a larger number of offenders who would otherwise be in state corrections centers are remaining in local facilities through the State’s increased emphasis on “community corrections”. This saves the State money while increasing costs to localities. Further, as previously noted, an increasing number of juvenile offenders should actually be in mental health facilities rather than detention centers. The Commonwealth should increase the level of funding for secure detention

centers and support a distribution process through the Department of Juvenile Justice (DJJ) that would not rely solely on utilization but would provide equitable cost sharing for services delivered. In addition, funding should be provided, flowing through DJJ directly to local centers for mental health and substance abuse treatment of those juveniles in their care.

■ **Aging and Health:**

- With the general aging of the population, adult homes and assisted living facilities are becoming increasingly important. The General Assembly should provide direction to the appropriate state agencies for implementation of comprehensive standards of care for adult homes and assisted living facilities.
- It has become increasingly difficult to secure Certified Nurse Aids (CNA). Residential facilities, hospitals and in-home care for the elderly depend on CNAs and a shortage will have serious impact on both the availability and cost of care. This is directly attributable to the very low prevailing wage rates, poor working conditions and, customarily, the absence of benefits. The Joint Commission on Health Care should study the State Medicaid Plan, various regulatory provisions and alternatives for potential incentives that would encourage this critical employment.
- As Virginia's population continues to age and health care costs rise, it becomes increasingly important that the Commonwealth have a sound and fiscally responsible plan for funding Medicaid as it is currently designed, as well as any future expansions of coverage that may become necessary.

Recognizing the increasingly significant impact Medicaid will continue to have on Virginia's finances, York County opposes any local match for Medicaid and opposes any transfer of costs associated with funding Medicaid programs to localities.